Name in Full: Jane Rebecca Auburtin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Great Falls — County: Montgomery

Date of death 1904: Month: June — Day: 2 — Age: Years: 1 — Months: 9 — Days: —

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Chas. Auburtin — Father's Birthplace: Md

Mother's Maiden Name: Louise King — Mother's Birthplace: Md

Name of person giving Information: Joe Milton — How related to deceased: Step Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exhaustion — How long: 2 mo days

Immediate: Exhaustion — How long: 2 mo days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Jones

Address: Kensington Md

Accident or Suicide? No

LIBRARY BUREAU A66616

Name in Full: Colored Lucile Bertha Belland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Foundling's Home; County: Montgomery Co

Date of death: Month: June; Day: 29; Year: 1904

Age: Years: —; Months: 7; Days: —

Sex: Female

Color or Race: White

Birthplace: Washington D.C.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: —

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Inanition

How long: three weeks.

Immediate: Atrophia

How long: 3 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ford Roe Barton

Address: Foundling's Home Bethesda-Park Md.

Accident or Suicide?

LIBRARY BUREAU A85316

Name in Full: Thos F Brandeiss

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dawsonville; County: Montg

Date of death: Month: 6; Day: 26; 1904; Age: Years: 11; Months: —; Days: —

Sex: Male; Color or Race: Negro; Birthplace: Dawsonville Md

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Arthur Brandeiss; Father's Birthplace: Sugar Land Md.

Mother's Maiden Name: Lucy Mann; Mother's Birthplace: Dawsonville Md

Name of person giving Imformation: Physician; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute rheumatic fever; How long: 6 wks.

Immediate: Endocarditis; How long: 4 mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. D. Bowers M.D.

Address: Dawsonville Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Alice Brown

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Foundling's Home — (County): Montgomery

Date of death: Month: June — Day: 24 — 1904

Age: Years — Months: 8 — Days

Sex: Female — Color or Race: White — Birthplace

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho - pneumonia — How long: Three days.

Immediate: asphyxiation — How long: Twelve hours.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Fred Rae Burton

Address: Foundling's Home, Bethesda Park. Md.

Accident or Suicide?

LIBRARY BUREAU A86616

Name in Full

Certificate of Death

William Harsting

Died at Bethesda Town, Montgomery County, MARYLAND

Date 1904 June 24 | Age Y. 2 M. 16 D. | Native of D.C. | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name unknown

Mother's Name unknown

Cause of Death: Primary Acute Entero colitis | How long sick ?

Immediate Exhaustion 10 d | Accident, Suicide, Homicide

Reported by W. B. Jameson M.D.

Address 1330 H St. NW

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65078

Name in Full: William Lawrence Baking

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Foundling's Home — (County): Montgomery Co.

Date of death: Month: June — Day: 25. — Age: Years — Months: 3. — Days

Sex: Female. — Color or Race: White. — Birthplace: Washington D.C.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastro-Enteritis. — How long: Two weeks.

Immediate: Asthenia. — How long: Four days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Md Rie Barton

Address: Foundling's Home, Bethesda Park. Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Mary F. Collier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Monrovia — County: Montgomery

Date of death: Month: June — Day: 13 — Year: 1904 — Age: 81 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: none — Where Residing if not at place of death: Monrovia

Married, Single or Widowed — Name of Wife or Husband: John Collier

Father's Name: John Daly — Father's Birthplace: Va

Mother's Maiden Name: Mary Daley — Mother's Birthplace: Va

Name of person giving Information: J W Collier — How related to deceased: 120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease — How long

Immediate: Uraemic Convulsions — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Stinestreet

Address: Barnesville Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Florence V. Craver

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Unity — County: County.

Date of death 1904: Month: June — Day: 4 — Age: Years: 36 — Months: — Days:

Sex: Female — Color or Race: White — Birthplace:

Married, ~~Single or Widowed~~ — Occupation: Wife of Farmer

Name of ~~Wife or~~ Husband: Elias. Craver

Father's Name: Geo. W. Myers — Father's Birthplace: Frederick Co

Mother's Maiden Name: Mary E. Myers — Mother's Birthplace: Frederick Co

Name of person giving information: Harry G. Spurrier — How related to deceased: No relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency — How long: One year

Immediate: Oedema & Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry G. Spurrier

Address: Unity R.D.

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full

Certificate of Death

Henry Watkins Davis

Died at Town: Sandy Spring County: Montg- MARYLAND

Date 1904 Month: June Day: 28 Age Y. 62 M. D. Native of Philadelphia Occupation Retired gentleman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living None

Husband ~~Wife~~ of Elizabeth C. Davis

Father's Name Thomas W. Davis Mother's Name Ruth S. Davis

Cause of Death: Primary Cerebral Softening 25

Immediate

How long sick Since Jan 16. 1904

~~Accident, Suicide, Homicide~~

Reported by Dr. W. F. Green

Address Brookeville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Rudolph Henry Evans

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chevy Chase — County: Mont

Date of death: Month: June — Day: 14 — 1904

Age — Years: 90 — Months: — Days:

Sex: male

Color or Race: White

Birthplace: Philadelphia Pa.

Occupation: none

Where Residing if not at place of death: Chevy Chase Md

~~Married~~ ~~Single~~ Widowed

Name of Wife or Husband: Olivia Evans

Father's Name: William M. Evans

Father's Birthplace: Md.

Mother's Maiden Name: Catherine Willinger

Mother's Birthplace: Penn

Name of person giving Information: Frank L. Evans

How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cystitis — How long: 4 yrs

Immediate: Systemic poisoning — How long: 4 days

123

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: H Wells Woodward MD

Address: 1110 L St NW Washington D C

Accident or Suicide? natural.

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: James Edward Gibbons

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Foundling's Home — (County): Montgomery

Date of death 1904 — Month: June — Day: 14 — Age: Years — Months: 4 — Days:

Sex: M. — Color or Race: White — Birthplace: Washington D.C.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Congenital Heart Disease. — How long:

Immediate: Asthenia — How long: 12 hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Fred Rae Barlow

Address: Foundling's Home, Bellevue Park. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Bertha Powell Hackett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brentsloe — County: Montgomery

Date of death: Month: June — Day: 9th — Years: — Months: — Days: —

1904

Age:

Sex: Male — Color or Race: Colored — Birthplace: Montg. Co. Md.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: — —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Hackett — Father's Birthplace: Montg. Co. Md

Mother's Maiden Name: Bertha Powell — Mother's Birthplace: Montg. Co. Md.

Name of person giving In formation: William Powell — How related to deceased: Grandfather

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature birth — How long: 8.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? As far as known

Signature of Physician: Elias. Farquhar, M. D.

Address: Olney Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rachel Emily Hodge

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near Ashton (Town) Montgomery (County)

Date of death 1904 Month: June Day: 2nd

Age — Years Months: One Days: —

Sex: Female

Color or Race: Colored

Birthplace: Montg. Co. Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name or Wife or Husband: — —

Father's Name: John E. Hodge

Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Mary Isabella Elizabeth Hood

Mother's Birthplace: Montg. Co. Md.

Name of person giving Information: Dr. Magruder

How related to deceased: No relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition

How long: (5)

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas. Farquhar, M. D.

Address: Olney, Md.

Accident or Suicide?

LIBRARY BUREAU A33816

Name in Full: Jas Thomas Hughes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Wheaton — County: Montg.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	June	24	Age 0	0	20 Minutes

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Chas. Edward Hughes — Father's Birthplace: Va.

Mother's Maiden Name: Rose Thomas — Mother's Birthplace: Md.

Name of person giving In formation: Chas. Hughes — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long:

Immediate: Syncope — How long: 20 minutes

Are the name, age, sex color. date and place correctly given above?

Signature of Physician: W. S. Brown M.d.

Address: Burnt Mills Md.

Accident or Suicide?

151

LIBRARY BUREAU A88318

Name In Full

Certificate of Death

C. Edward Iddings

Died at Town: Frederick County: Monty. MARYLAND

Date 1934 Month: June Day: 4 | Age Y.: 74 M.: 2 D.: 25 | Native of: Pa. | Occupation: Physician

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living: 4

Husband ~~Wife~~ of: Harriet Jackson Iddings

Father's Name: Caleb Iddings | Mother's Maiden Name: Harriet Jackson

Cause of Death: Primary: Bright's Disease | How long sick: 6 months

Immediate: Convulsions 1/20 | ~~Accident, Suicide, Homicide~~

Reported by: Mrs. Stacy Hobbs

Address: Creston, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Sarah Ann Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Sandy Spring; County: Montgomery

Date of death: Month: June; Day: 13; 1904

Age: Years: 67; Months: 10; Days: 15

Sex: Female

Color or Race: Colored

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: John Johnson

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Nancy Powell

Mother's Birthplace: [illegible]

Name of person giving information: Dr. Brooke

How related to deceased: No relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malignant Tumor

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature Physician: Dr. Roger Brooke

Address: Sandy Spring Md.

Accident or Suicide?

For Dr. Brooke for M. A.

LIBRARY BUREAU A88016

Name in Full: John E. Knott

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Brookeville County: Montgomery

Date of death: Month: June Day: 16 Years: 71 Months: — Days: 11

Sex: Male Color or Race: White Birthplace: Montg. Co. Md

Occupation: Contractor Where Residing if not at place of death:

Married, Single or Widowed: Widower Name or Wife or Husband: Mary Francis Knott

Father's Name: Father's Birthplace: Montg. Co. Md

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Thomas John Holland How related to deceased: No relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis, Pulmonary. How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. F. Green M.D.

Address: Brookeville Md

Accident or Suicide?

8

Dr. W. F. Green fee $1.00

LIBRARY BUREAU A68D16

Name in Full: Dora S. Lockman — Certificate of Death

Died at — Town: Unity — County: Montgomery — MARYLAND

Date 1904 — Month: June — Day: 6 — Age: Y. 15 M. — D. — Native of: Md. — Occupation: Domestic

~~Male~~ Female — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~ None

~~Husband~~ ~~Wife~~ of

Father's Name: Arthur Lockman — Mother's Name: Martha Toogood

Cause of Death — Primary: Acute Phthisis — How long sick: 4 months

Immediate: Pulmonary Hemorrhage — Accident, Suicide, Homicide

Reported by: H. G. Sumner M. D.

Address: Unity R.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary Agnes McCarthy

Died at: Town: near Laytonsville / County: Montgomery

Date of death 1904: Month: June / Day: Sunday / Age: Years: 60 / Months / Days

Sex: Female / Color or Race: White / Birthplace: Harrisonburg Virginia

Occupation

~~Married, Single~~ or Widowed

~~Name of Wife or~~ Husband: Jeremiah McCarthy

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Daniel Hurley / Father's Birthplace: Ireland

Mother's Maiden Name: Unknown Cross / Mother's Birthplace: Virginia

Name of person giving information: William B Kelly / How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Meningitis / How long: 3½ days

Immediate: Meningitis / How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Basil B Crawford

Address: Laytonsville Maryland

Accident or Suicide?

8

LIBRARY BUREAU A88816

Name in Full: John Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Foundling's Home County: Montgomery Co.

Date of death: Month: June Day: 28 Year: 1904 Age: Months: 10 Days: —

Sex: Male Color or Race: White Birthplace: Washington D.C.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intussusception How long: 2 weeks.

Immediate: Peritonitis How long: 1 day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fred Rae Barton

Address: Foundling's Home, Bellevue Park. Md.

Accident or Suicide: —

LIBRARY BUREAU A88516

Name in Full: Peter Kirk Mossburg

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Whites Ferry; County: Montgomery

Date of death: Month: June; Day: 1; 1904

Age: Years: 79; Months: 1; Days:

Sex: Male

Color or Race: White

Birthplace: Poolesville Md

Occupation: Farmer

Where Residing if not at place of death: Whitis Ferry Md

Married, Single or Widowed

Name of Wife or Husband: Margaret Phillips

Father's Name: John Mossburg

Father's Birthplace: Md

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: Philip F. Mossburg

How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age

How long: 2 weeks

Immediate: General debility

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Williard

Address: Luckettsville

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Mary V. Mullican

CERTIFICATE OF DEATH

Died at: Town: Glesville; County: Montgomery; MARYLAND

Date of death 1904: Month: June; Day: 10; Age: Years: 5.2; Months: 0; Days: 0

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Housework; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband:

Father's Name: Charles Clark; Father's Birthplace: Md

Mother's Maiden Name: Frances Coukard; Mother's Birthplace: "

Name of person giving Information: Fannie Clark; How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: How long:

Immediate: Apoplexy; How long: About 1 hr.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. T. Brown

Address: Burnt Mills Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary E Prator

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poolesville — County: Montg

Date of death: Month: 6 — Day: 25 — 1904

Age: Years: 21 — Months: — — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Poolesville Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: Richard Prator.

Father's Name: John C. Johnson — Father's Birthplace: Poolesville Md

Mother's Maiden Name: Lizzie Robinson — Mother's Birthplace: " "

Name of person giving Information: J J Physician — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculor Meningitis — How long: Two weeks.

Immediate: Coma. — How long: 3 da.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. D. House M.D.

Address: Dawsonville Md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Mary E Prather

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Poolesville (County) Montgomery

Date of death: 1904 June 26 — Age: Years 21 Months Days

Sex: Female — Color or Race: Negro — Birthplace: Poolesville Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Richard A Prather

Father's Name: John Johnson — Father's Birthplace: Martinsburg Va

Mother's Maiden Name: Lizzie Robertson — Mother's Birthplace: Poolesville

Name of person giving Imformation: Richard A Prather — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis - lungs — How long: 5 years

Immediate: General debility — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Upton D Mourse

Address: Dawsonville Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A86516

Name in Full Effie Purvis. Certificate of Death

Died at Town Washington D.C. County D.C. MARYLAND

Date 1904 Month 6 Day 28 Age Y. 31 M. - D. - Native of Md. Occupation -

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife -

Father's Name - Mother's Name -

Cause of Death { Primary Pyonephrosis 21 How long sick

Immediate

Accident, Suicide, Homicide

Reported by John L. Lecos M.D.

Address Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mabel St. Clair.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Foundling's Home — County: Montgomery

Date of death: Month: June — Day: 20. — Year: 1904

Age: Months: 1 — Days: —

Sex: Female — Color or Race: White — Birthplace: Washington D.C.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho-pneumonia. — How long: 3 days.

Immediate: Asphyxiation. — How long: 5 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Fred Rae Bowen

Address: Foundling's Home, Bethesda Park, Md.

Accident or Suicide? Yes —

LIBRARY BUREAU A88016

Name in Full Frances L. Shipley

Certificate of Death

Died at Town Chevy Chase County Montgomery MARYLAND

Date 1904 Month 6 Day 25 Age Y. 70 M. 0 D. 9 Native of Maryland Occupation ✓

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ ✓

Husband of Wife ✓

Father's Name ✓ Mother's Name ✓

Cause of Death: Primary Chronic Nephritis 1/20 How long sick 8 yrs.

Immediate Asthenia

Accident, Suicide, Homicide

Reported by John L. Lewis, M.D.

Address Bethesda Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Jas. Thompson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Norbeck — County: Montgomery

Date of death: Month: 6 — Day: 16 — Years: Age 75 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Montg. Co. Md.

Occupation: Farm hand when able to work — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: William Thompson — Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Facial Erysipelas — How long: 10 days

Immediate: Exhaustion — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. M. Linthicum

Address: Rockville Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: John Harner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burnt Mills — County: Montgomery

Date of death 1904: Month: June — Day: 19 — Age: Years: 39 — Months: 0 — Days: 0

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Stephen Warner — Father's Birthplace: Md.

Mother's Maiden Name: Emaline Harner — Mother's Birthplace: "

Name of person giving In formation: Fletcher Mathews — How related to deceased: Nohatel

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cause of death unknown — How long

~~Immediate~~: Supposed to be acute Alcoholism — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. T. Brown

Address: Burnt Mills Md.

Accident or Suicide?

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Name in Full: Minnie Williams

CERTIFICATE OF DEATH

Died at: Town: Fairland — County: Montg — MARYLAND

Date of death: Month: June — Day: 28 — 1904

Age: Years: 42 — Months: — Days:

Sex: Female — Color or Race: Black — Birthplace: Baltimore Md

Occupation: Laborer — Where Residing if not at place of death: Fairland

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Johnson — Father's Birthplace: Md

Mother's Maiden Name: Cant Findout — Mother's Birthplace:

Name of person giving In formation: Jack Adams — How related: Living with her as a Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Dropsy — How long: 4 months

Immediate: Heart Failure — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Latsun

Address: Spencerville Md

Accident or Suicide?

LIBRARY BUREAU A83516

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Name in Full: Carl Wright

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Soundings Home — (County) Montgomery Co.

Date of death: Month: June — Day: 25. — Year: 1904

Age: Years — Months: 4 — Days: 0

Sex: M. — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteric Colitis. — How long: Three weeks.

Immediate: Asthenia — How long: 10 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Fred Rae Barton

Address: Soundings Home

Bethesda Park, Md.

Accident or Suicide: —

PHYSICIAN OR CORONER

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